

MULTIPLE DENT CLAIM  
FEE CALCUL. ON SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1		1				51			
2		1		1			52			
3		2		6			53			
4		7		7			54			
5		7		7			55			
6		7		7			56			
7		9		12			57			
8							58			
9		12		12			59			
10	9		11				60			
11		1		1			61			
12		1		1			62			
13		1		1			63			
14		1		1			64			
15							65			
16							66			
17							67			
18							68			
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38							88			
39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	3		3				TOTAL IND.			
TOTAL DEP.	13		13				TOTAL DEP.			
TOTAL CLAIMS	16		16				TOTAL CLAIMS			